



Primary Insured Name: _____

If the Insured is a Limited Liability Company (LLC), please list the members of that LLC:

1)	2)	3)	4)
5)	6)	7)	8)

Any other requested named insured? If so, complete the following

NOTE: The names provided are not automatically approved for Named Insured status, for us to consider each entity will require, at minimum, the following:

- A role and function on the project which makes them applicable for Named Insured status
- Receive full risk transfer, via contract, from all subcontractors on the project (hold harmless, indemnification and Additional Insured status):

Entity Name	Role and Function of the entity on the project	Relationship to primary named insured

Project Address(es):

Scope of work Summary:

Term of Project:

End use of the Project: *(i.e. Condo, Apt, Coops, Office, etc.)*

Project Hard Costs:

Please forward Project Budget -- To include outline of both Hard and Soft costs

Any Occupancy at the project site during renovation work? _____

If so, complete the following

Location	Total # of Units	Number of occupied Units	Explain how the occupants will be kept safe and separate from construction activities

5 year history of loss runs for the occupancy experience should be forwarded

Provide the following information regarding the contractor being hired:

Named of Selected GC	General Liability Carrier	Total General Liability and Excess limits being required for this job	Does the GC's policy contain any restrictions or terms which would limit action over employee injuries which may arise from the New York Labor law?	Does the contract with the Selected GC provide hold harmless, indemnification and Additional Insured status to our Named insured?

Is the selected General Contractor, paying all the subs on the project:

Is the selected General Contractor, contracting all the subs on the project:

Is the selected General Contractor, supervising all the subs on the project:

Will a Construction Manager be Involved in this project?: _____

If so, complete the following:

Name of Construction Manager	GI Carrier for Construction manager	General Liability and Excess limits being carried for this project	Role and function of the Construction manager as It differs from the selected GC

Has any work been all ready completed on the project? If so, complete the following

When did work start	What work has been completed to date	What amount of costs have been completed to date	Name of the General Contractor who was responsible for the prior work completed	What carrier (and policy #) provided GL coverage for Named insured during the prior work?

Will the insured hire any subcontractors directly - other than the General Contractor/Construction manger noted above: _____

If so, complete the following:

Name of subcontractor to be hired directly	What work will the subcontractor be hired to perform	Amount of the contract the subcontractor will be awarded	General Liability carrier for the subcontractor



Does the project require any addition to floors? _____

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* Not applicable in all states

WARRANTY

I/We warrant to the Company that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Signature and title of Applicant: Date

Signature of Producer: Date: